HDCS SPORTS ACTIVITY FORM
BASEBALL & SOFTBALL
PARENTAL PERMISSION FORM
(5th - 8th grade only)

RETURN BY MONDAY MARCH 9, 2026 - WITH PAYMENT -
$105 registration fee per athlete ($250 family max per sport)

I _____ give permission for _____ to play BASEBALL / SOFTBALL (please circle one)

I understand that the school is not responsible for my child.

Yes ____ No _____ My child has previously played this sport competitively. (Answer yes if your child has played this sport for any organized team or league including Holy Disciples (SJS/SMMS). These answers do not determine eligibility; they assist the coaches with their planning and training.)

Please complete:
Shirt Size: _____ Number Request (please list 3 options and note - **this is not a guarantee**) _____

Medical Conditions Requiring Regular Treatment _____

Restrictions and/or Allergies_____

Should medication be needed, it is the parent's responsibility to have a qualified person present to administer medication.

Medical Insurance _____ Policy # _____

This form, a current sport's physical and the registration fee are required to practice and play.

HOLY DISCIPLES CATHOLIC SCHOOL STUDENT EMERGENCY DATA

Student Name _____ Birth Date _____ Grade _____

Street Address _____ Town _____

Parent(s) Name & Cell Phone Nos. _____

Parent(s) Email Address _____

List below the responsible person(s) who may be contacted and/or permitted to take the child from school/sports in case of emergency. You may also name a doctor the school may call.

	Contact	Relationship	Cell Phone	Home Phone	Work Phone/Ext.
1.					
2					
3.					

In an emergency, if none of the above persons can be contacted, what do you wish the school to do with your child?
*** ____ Call 911. Send to hospital: Waterbury ____ Saint Mary's ____ Closest, if out of area ____ OR _____**

Although the above recommendation of the parent will be respected as much as possible, I understand that in the final disposition of an emergency, the judgment of the school authorities will prevail.
If any of the above information must be changed, I will notify the Principal and coach in writing.

_____ _____
Signature of Parent or Guardian Date

HDCS SPORTS ACTIVITY COMMITMENT

The following assistance is requested from the parents of children who are participating in sports activities. Cooperation will allow for control of players and fans and assist the coaches in managing a successful sports program.

1. Parents are required to notify coaches of any medical conditions that may affect their child, as well as provide and administer any needed medications. **Coaches may not administer medications.**

2. Parents should provide transportation to and from games and practices or make arrangements for it. Our coaches are volunteers and have other commitments. It is not fair for them to wait for long periods of time after games or practices for children to be picked up – **PLEASE BE PROMPT.**

3. Parents are expected to supervise their other children who may be attending practices, games or meets as spectators. These children should remain in the stands or fan area and not wander around fields or gymnasiums.

4. The spirit of Holy Disciples Catholic School is for the children to learn, be competitive and to enjoy sports in a Christian atmosphere. Your help in this goal is of the utmost importance.

_____ _____

Parent/Guardian Signature Date